

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000060951 (7)

1. Corporation Name  
SUCCESSFUL VENTURES, INC.



Principal Place of Business  
801 ARTHUR GODFREY ROAD  
SUITE 600  
MIAMI BEACH FL 33140

Mailing Address  
801 ARTHUR GODFREY RD  
STE 600  
MIAMI BEACH FL 33140  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified  
08/07/1995

3a. Date of Last Report  
03/04/1996

4. FEI Number  
65-0609919

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAMONT & NEIMAN, P.A.  
ONE BISCAYNE TOWER  
SUITE 3550, TWO SOUTH BISCAYNE BOULEVARD  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITILE ☒ DELETE  
NAME MILLER, NIKI S  
STREET ADDRESS 801 ARTHUR GODFREY RD DECEASED  
CITY-ST-ZIP MIAMI BEACH FL

TITILE ☒ DELETE  
NAME MILLER, NIKI  
STREET ADDRESS 801 ARTHUR GODFREY RD DECEASED  
CITY-ST-ZIP MIAMI BEACH FL

TITILE ☐ DELETE  
NAME HOUT, DOANLD  
STREET ADDRESS 801 ARTHUR GODFREY RD  
CITY-ST-ZIP MIAMI BEACH FL

TITILE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITILE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITILE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T ☐ Change ☒ Addition  
1.2 NAME ILIANA C. MILLER  
1.3 STREET ADDRESS 801 ARTHUR GODFREY RD  
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33140

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Sandra B. Mortham* SECRETARY OF STATE

*ILIANA C. MILLER*

CR2ED34 (4/97)